

Foster Family Home - Corrective Action Report

Provider ID: 1-190014

Home Name: Norma Manzano, CNA

404 Malamalama Street

Kapolei HI 96707

Review ID: 1-190014-3

Reviewer: Jackie Chamberlain

Begin Date: 2/6/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 2 bed re-certification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain RN
Compliance Manager

Norma Manzano
Primary Care Giver

2/6/2020
Date

2/6/2020
Date